

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		<small>It is required to respond to a question or information unless it contains a valid OMB control number.</small>
<input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Declaration Submitted OR Submitted after Initial with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)		Attorney Docket Number 011218 First Named Inventor Heinemann COMPLETE IF KNOWN Application Number _____ Filing Date 8-24-01 Group Art Unit _____ Examiner Name _____

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Abdeckanordnung für ein Gebäude und Abdeckteil zur Verwendung bei einer solchen Abdeckanordnung

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International.

Application Number [REDACTED] and was amended on (MM/DD/YYYY) [REDACTED] (If applicable). [REDACTED]

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Page 1 of 2

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label		OR	<input type="checkbox"/> Correspondence address below
22876 <small>PATENT TRADEMARK OFFICE</small>					
Name Jovan N. Jovanovic					
Address 1327 West Washington, Suite 5G/H					
City Chicago			State IL	ZIP 60607	
Country USA		Telephone (312) 226-1818		Fax (312) 226-1919	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Torsten			Family Name or Surname Heinemann		
Inventor's Signature				Date	
Residence: City Engelsbrand-Grunbach		State	Country Germany	Citizenship DE	
Mailing Address Eichbergstr. 51					
City Engelsbrand-Grunbach	State		ZIP D-75331	Country Germany	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State	Country	Citizenship	
Mailing Address					
City	State		ZIP	Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					